APPLICATION FLORIDA DEP	CTIONS BEFORE COMPLETING THIS FORM. PARTMENT OF STATE ra B. Mortham
DEINISTATEMENT	retary of State FILED
DOCUMENT # P9700003122	98 DEC 14 PM 2: 21
IHH CONSTRUCTION	SECRETARY OF STATE TALLAHASSEE. FLORIDA
Principal Place of Business Mailing Address 3804 N-W. Z07 D	2000027155025 -12/18/9801019005 *****500.00 *****500.00
	301 REINSTATEMENT 98
If above addresses are incorrect in any way, line through incorrect information 2. New Principal Office Address, If Applicable 3. New Mailing Office	on and enter correction below. De Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc. Suite, Apt. #, etc.	5. FEI Number Applied For
City & State City & State	65-0141853 Not Applicable
Zip Country Zip	Country CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonp Name of Officers and/or Directors 1 2 3	profit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 4
Presi JOSE HERNANDEZ 3804 N.W. 207 Drive	
10	
(FrESIDENT) MI	1Ami, 76 3305J
	20002715502 5 -12/18/9801019006 ****250.00 ****250.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
	Name JOSE HERNANDEZ
5 10 0 17 11 11 11	Street Address (P.O. Box Number is Not Acceptable) 3804 NW 300 7 W DR.
STORT AS ADVI	
10. I, being appointed the registered agent of the above gamed corporation, are familiar with and accept the obligations of Section 607,0505, F.S.	
Signature of Registred Agent Orl REGISTERED AGENT MUST SIGN Date 12/07/98	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No No (See other side for information on intangible tax.)	
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	
SIGNATURE: SIGNATURE AND TYPET OF PRINTED NAME OF SIGNING OF	12/07/99 305 621-2132